

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/598345

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		/				
3		/				
4		/				
5		/				
6		/				
7		/				
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21		/				
22	/					
23		L				
24		L				
25		L				
26		L				
27		L				
28		L				
29		L				
30		L				
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42	/					
43		L				
44		L				
45		L				
46		L				
47						
48						
49						
50						
TOTAL IND.	9		↓		↓	↓
TOTAL DEP.	49	←		←		←
TOTAL CLAIMS	58					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						